

EXHIBIT A

1:00 PM

Mattress Development Company of Delaware, LLC

12/20/24


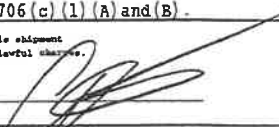
Customer Open Balance

Accrual Basis



All Transactions

Type	Date	Num	Memo	Due Date	Open Balance	Amount
PT - Big Lots Stores, LLC						
Invoice	11/15/2024	95631...	95631053 BL	12/30/2024	48,875.00	48,875.00
Invoice	11/15/2024	95631...	95631052 BL	12/30/2024	52,500.00	52,500.00
Invoice	11/15/2024	95629...	95629425 BL	12/30/2024	82,800.00	82,800.00
Invoice	11/20/2024	95629...	95629427 BL	01/04/2025	82,800.00	82,800.00
Invoice	11/20/2024	95631...	95631055 BL	01/04/2025	55,750.00	55,750.00
Invoice	12/03/2024	95642...	95642320 Big...	01/17/2025	75,600.00	75,600.00
Invoice	12/03/2024	95631...	95631056 Big...	01/17/2025	53,750.00	53,750.00
Total PT - Big Lots Stores, LLC					452,075.00	452,075.00
TOTAL					452,075.00	452,075.00


P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
95642320	2% 10; Net 45		12/3/2024			
Quantity	Item Code	Description			Price Each	Amount
280	616-5	Broyhill 12" Lumbar Relief Hybrid - Queen Size 5/0			270.00	75,600.00
Thank you for your business.					Total	\$75,600.00

Date: 12/02/24 8:27:26		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 565616		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 806336 565616			 (402) 04000000005656163		
FOB: <input checked="" type="checkbox"/>					
SHIP TO:			Carrier Name: LTL		
Name: MONTGOMERY DC - #0870 Location#: _____ Address: CSC DISTRIBUTION LLC 2855 SELMA HIGHWAY City/State/Zip: MONTGOMERY AL 36108 CID#: _____			Trailer number: Seal number(s):		
FOB: <input type="checkbox"/>			SCAC: Pro number:		
THIRD PARTY FREIGHT CHARGES BILL TO:			Acct#: 23030 (334) 286-6633 Arrival Date: 12/02/24		
Name: Address: City/State/Zip:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () Collect () 3rd Party ()		
SPECIAL INSTRUCTIONS:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description	Weight	B/O
806336 005	90	90	Customer PO#: 95642320 616M-5R		
806336 006	90	90	B/H 12" LUMBAR MATTRESS 5/0 RP		
806336 007	90	90	616M-5R		
806336 008	10	10	B/H 12" LUMBAR MATTRESS 5/0 RP		
	280	280	616M-5R		
			B/H 12" LUMBAR MATTRESS 5/0 RP		
			*** TOTAL ***		
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____.</small>			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<small>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> Shipper Signature: 		
SHIPPER SIGNATURE/DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small> 12/2/24		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE/PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Properly described is required in each order, stored as data.					



Seal # 0001848


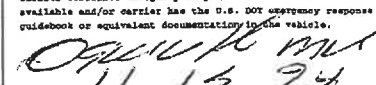
Date: 12/02/24 8:27:00		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 565615		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 STD#: 806335 565615			 (402) 04000000005656156		
SHIP TO:			Carrier Name: LTL		
Name: DURANT DC - #879 Address: BIG LOTS STORES, LLC 2306 ENTERPRISE DR City/State/Zip: DURANT OK 74701			Trailer number:		
Location#: _____ FOB: <input checked="" type="checkbox"/>			Seal number(s):		
STD#: <input type="checkbox"/>			SCAC:		
THIRD PARTY FREIGHT CHARGES BILL TO:			Pro number:		
Name: Address: City/State/Zip:			Acct#: 23030 (000)000-0000 Arrival Date: 12/02/24		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () Collect () 3rd Party ()		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description		B/O
806335 005	90	90	Customer PO#: 95631056		
806335 006	90	90	689M-4R		
806335 007	90	90	11" FACT SPEC HY(933) MATTRESS 4/6 RP		
806335 008	10	10	689M-5R		
			11" FACT SPEC HY(933) MATTRESS 5/0 RP		
			689M-5R		
			11" FACT SPEC HY(933) MATTRESS 5/0 RP		
	280	280	11" FACT SPEC HY(933) MATTRESS 5/0 RP		
			*** TOTAL ***		
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).					
<small>SHIPPED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable. Otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>		
SHIPPER SIGNATURE/DATE			Trailer Loaded:		Freight Counted:
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small> 12/2/24			<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE/PICKUP DATE			CARRIER SIGNATURE/PICKUP DATE		
<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent information in the vehicle.</small> 			<small>Property described herein is required in good order, except as noted.</small>		

Serial #0007889


Date: 10/24/24 8:22:24		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 564177		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 000000 564177			 (402) 0400000005641770		
SHIP TO:			Carrier Name: DBA ILLINOIS SLEEP		
Name: MONTGOMERY DC - #0870 Address: CSC DISTRIBUTION LLC 2855 SELMA HIGHWAY City/State/Zip: MONTGOMERY AL 36108 CID#:			Trailer number: Seal number(s): SCAC: Pro number:		
THIRD PARTY FREIGHT CHARGES BILL TO:			Acct#: 23030 (334) 286-6533		
Name: Address: City/State/Zip:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () Collect () 3rd Party ()		
SPECIAL INSTRUCTIONS:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Order Line	Ordered	Shipped	Description	Weight	B/O
803810 005	90	90	Customer PO#: 95631055 687M-5R		
803810 006	90	90	11" FACT SPEC HY(819) MATTRESS 5/0 RP		
803810 007	60	60	687M-5R		
803810 008	10	10	11" FACT SPEC HY(819) MATTRESS 5/0 RP		
803810 009	30	30	689M-4R		
			11" FACT SPEC HY(933) MATTRESS 4/6 RP		
			689M-5R		
			11" FACT SPEC HY(933) MATTRESS 5/0 RP		
	280	280	*** TOTAL ***		
803810					
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>			COD Amount: \$ Use Term: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).					
<small>RESERVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates classification and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>		
SHIPPER SIGNATURE/DATE		Trailer Loaded:		Freight Counted:	
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets paid to contain <input type="checkbox"/> By Driver/pieces	
		CARRIER SIGNATURE/PICKUP DATE			
		<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidelines or equivalent documentation in the vehicle.</small>			

Seal # 0001891

Date: 11/19/24 10:02:49		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 563738		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 803809 563738			 (402) 0400000005637384		
SHIP TO:			Carrier Name: LTL		
Name: DURANT DC - #879 Address: BIG LOTS STORES, LLC 2306 ENTERPRISE DR City/State/Zip: DURANT OK 74701 CID#:			Location#: _____ Trailer number: Seal number(s): SCAC: Pro number:		
THIRD PARTY FREIGHT CHARGES BILL TO:			Acct#: 23030		
Name: Address: City/State/Zip:			(000)000-0000 Arrival Date: 11/19/24		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () Collect () 3rd Party ()		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description		Weight
803809 005	90	90	Customer PO#: 95629427		
803809 006	90	90	616M-5R B/H 12" LUMBAR MATTRESS 5/0 RP		
803809 007	20	20	616M-5R B/H 12" LUMBAR MATTRESS 5/0 RP		
803809 008	80	80	616M-6R B/H 12" LUMBAR MATTRESS 6/6 RP		
	280	280	*** TOTAL ***		
Seal # 0001829					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c) (1) (A) and (B).					
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE/DATE			SHIPPER SIGNATURE		
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets paid to contain <input type="checkbox"/> By Driver/Pieces		
			CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described is received in good order, except as noted.		


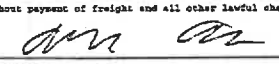
Date: 11/15/24 7:57:05		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 563264		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 802604 563264			 (402) 04000000005632648		
SHIP TO:			Carrier Name: LTL		
Name: TREMONT DC #0874 Location#: _____ Address: CLOSEOUT DISTRIBUTION LLC 50 RAUSCH CREEK ROAD City/State/Zip: TREMONT PA 17981 CID#: _____			Trailer number: _____		
			Seal number(s): _____		
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC: _____		
Name: _____ Address: _____ City/State/Zip: _____			Pro number: _____		
SPECIAL INSTRUCTIONS:			Acct#: 23030		
			(570) 695-2848		
			Arrival Date: 11/15/24		
			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () collect () 3rd Party ()		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description		Weight
802604 005	90	90	Customer PO#: 95629425		
			616M-5R		
802604 006	90	90	B/H 12" LUMBAR MATTRESS 5/0 RP		
			616M-5R		
802604 007	20	20	B/H 12" LUMBAR MATTRESS 5/0 RP		
			616M-5R		
802604 008	80	80	B/H 12" LUMBAR MATTRESS 5/0 RP		
			616M-6R		
	280	280	B/H 12" LUMBAR MATTRESS 6/6 RP		
			*** TOTAL ***		
Seal # 6001814					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c) (1) (A) and (B).					
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE/DATE			SHIPPER SIGNATURE		
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Carrier Signature/Pickup Date Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/15/24		
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets <input type="checkbox"/> By Driver/Pieces		

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
95631052	2% 10; Net 45		11/15/2024			
Quantity	Item Code	Description			Price Each	Amount
140	688M-4	Better Mattress -Size Full			175.00	24,500.00
140	688M-5	Better Mattress-size Queen			200.00	28,000.00
Thank you for your business.					Total	\$52,500.00

Date: 11/14/24 9:50:40		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 563069		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 802603 563069			 (402) 04000000005630699		
SHIP TO:			Carrier Name: LTL		
Name: TREMONT DC #0874 Address: CLOSEOUT DISTRIBUTION LLC 50 RAUSCH CREEK ROAD City/State/Zip: TREMONT PA 17981 CID#:			Trailer number: Seal number(s):		
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC:		
Name: Address: City/State/Zip:			Pro number: Acct#: 23030 (570)695-2848 Arrival Date: 11/14/24		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid () Collect () 3rd Party ()		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description		B/O
802603 005	90	90	Customer PO#: 95631052		
802603 006	50	50	688M-4R		
802603 007	90	90	11" FACT SPEC HY(803) MATTRESS 4/6 RP		
802603 008	50	50	688M-4R		
			11" FACT SPEC HY(803) MATTRESS 4/6 RP		
			688M-5R		
			11" FACT SPEC HY(803) MATTRESS 5/0 RP		
			688M-5R		
			11" FACT SPEC HY(803) MATTRESS 5/0 RP		
	280	280	*** TOTAL ***		
			Seal # 0001899		
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).					
<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>		
SHIPPER SIGNATURE/DATE			SHIPPER SIGNATURE		
<small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
			CARRIER SIGNATURE/PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>		

CEN

[illegible]

Date: 11/14/24 9:51:42		BILL OF LADING		Page: 1	
SHIP FROM:			Bill of Lading Number: 561195		
Name: ILLINOIS SLEEP PROD, INC Address: 3535 W. 47TH STREET City/State/Zip: CHICAGO IL 60632 SID#: 802602 561195			 (402) 04000000005611957		
SHIP TO:			Carrier Name: LTL		
Name: TREMONT DC #0874 Location#: _____ Address: CLOSEOUT DISTRIBUTION LLC 50 RAUSCH CREEK ROAD City/State/Zip: TREMONT PA 17981 CID#: _____			Trailer number: _____		
			Seal number(s): _____		
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC: _____		
Name: _____ Address: _____ City/State/Zip: _____			Pro number: _____		
SPECIAL INSTRUCTIONS:			Acct#: 23030 (570)695-2848		
			Arrival Date: 11/14/24		
			Freight Charge Terms: (freight charges are prepaid unless noted otherwise) Prepaid () Collect () 3rd Party ()		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
Order Line	Ordered	Shipped	Description	Weight	B/O
802602 005	90	90	Customer PO#: 95631053		
			688M-5R		
802602 006	30	30	11" FACT SPEC HY(803) MATTRESS 5/0 RP		
			688M-5R		
802602 007	45	45	11" FACT SPEC HY(803) MATTRESS 5/0 RP		
			689M-4R		
802602 008	85	85	11" FACT SPEC HY(933) MATTRESS 4/6 RP		
			689M-5R		
	250	250	11" FACT SPEC HY(933) MATTRESS 5/0 RP		
			*** TOTAL ***		
Seal # 0001867					
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:</small> <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</small>			COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).					
<small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>			<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>  11/15/29 Shipper Signature		
SHIPPER SIGNATURE/DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
			CARRIER SIGNATURE/PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Property described is received in good order, except as noted.</small>		